## PART B - FEE(S) TRANSMITTAL

Complete and send t	his form, together w	applicable	fee(s), to: M	Commissioner P.O. Box 1450 Alexandria, Vi	tor Patents irginia 22313-1450	
manifestation for nonlinearior	10.		SUE FEE and I orders and notif (a) specifying a	PUBLICATION FEE (if refication of maintenance feed new correspondence address	quired). Blocks 1 through 5 s will be mailed to the currer ess; and/or (b) indicating a se	should be completed where at correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  26111 7590 10/31/2005  STERNE, KESSLER, GOLDSTEIN & FOX PLLC				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.		
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01 FC:1501	1400.00 0	JAN 27 2006	<u>  1</u>			(Depositor's name)
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A PRIVACA TROVANO		SW & TRACE	/			(Date)
APPLICATION NO. 09/691,091	FILING DATE 10/18/2000	FIRST NAME			ATTORNEY DOCKET NO.	CONFIRMATION NO.
TITLE OF INVENTION: M						
nonprovisional	SMALL ENTITY YES	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
·		\$700		\$0 	\$700	01/31/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	]	
THOMPSON		2144	ļ	709-219000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3  STERNE, KESSLER,  2  GOLDSTEIN & FOX, PLLC			
3. ASSIGNEE NAME AND I						
PLEASE NOTE: Unless a recordation as set forth in 3	in assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appear Fa substitute for	r on the patent. If an assig r filing an assignment.	nee is identified below, the de	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Rose Blush Software LLC Los Altos, CA						
Please check the appropriate a					orporation or other private gro	up entity Government
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.						
Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.						
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a. Applicant claims SM			b. Applicant	is no longer claiming SMA	LL ENTITY status. See 37 CF	R 1.27(g)(2).
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Typed or printed name <u>Jeffrey S. Weaver</u>				Date		
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